

MAINE OFFICE OF STATE FIRE MARSHAL

REQUEST FOR INVESTIGATIVE REPORT

If you are making this request under the Maine Freedom of Access Act, you are not required to make your request in writing, and you are not required to identify the reason for your request. Accordingly, completion of this form is voluntary. However, doing so will facilitate this agency's retrieval and review of any records to determine if they can be released to you.

If you wish to request component(s) of an investigative file beyond the investigative report you are currently requesting, please attach and forward with this form a letter specifying which component(s) you wish to request. Please note that fees will be charged for any records that are provided. See 1 MRS § 408-A(8).

PLEASE PRINT

FORM #2

REQUESTOR INFORMATION:		
1	Full name:	
2	Mailing address: (P.O. Box, City/Town, Zip Code)	
3	Street address: (Street City/Town, Zip Code)	
4	Telephone number:	()
5	E-mail address:	
INFORMATION REGARDING THE INCIDENT THAT IS THE SUBJECT OF THE REQUESTED REPORT:		
6	Incident date:	Incident location:
7	Brief description of incident (including, if available, names/DOB of individuals involved):	
8	Incident number (if known):	
9	I am requesting this incident investigation report (check <u>one</u>): <input type="checkbox"/> For myself <input type="checkbox"/> On behalf of (full name):	
10	I am requesting this incident report for the following reason(s):	

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT.

SIGNATURE: _____

DATE: _____

NOTE: OFFICE OF STATE FIRE MARSHAL INCIDENT INVESTIGATION REPORTS ARE CONFIDENTIAL AND MAY NOT BE RELEASED TO THE PUBLIC IF THERE IS A REASONABLE POSSIBILITY THAT DOING SO WOULD RESULT IN CERTAIN CONSEQUENCES IDENTIFIED IN APPLICABLE STATE LAW. SEE 1 MRS § 403(3)(A); 16 MRS § 804. ACCORDINGLY, PLEASE NOTE THAT THE OFFICE OF STATE FIRE MARSHAL MAY BE PROHIBITED FROM RELEASING TO YOU THE REPORT YOU HAVE REQUESTED FROM OUR AGENCY. COMPONENTS OF REQUESTED RECORDS MAY BE REDACTED OR EXCLUDED IN ORDER TO COMPLY WITH MAINE OR FEDERAL STATUTES.

PLEASE SEND THIS COMPLETED REQUEST FORM TO: OFFICE OF STATE FIRE MARSHAL, 52 STATE HOUSE STATION, AUGUSTA, ME 04333-0052. COSTS ASSOCIATED WITH COMPLYING WITH THIS REQUEST WILL BE CHARGED IN ACCORDANCE WITH 1 MRS § 408-A(8).